

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

43722
State File No. 11265
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 43722 Registrar's No. 11265	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2157	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 4353 Miami St.			
3. NAME OF DECEASED (Type or Print) AUDREY		a. (First) FRANCES		c. (Last) FITZLER		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 25, 1913		9. AGE (In years last birthday) 37 10. UNDER 1 YEAR Months 11. UNDER 1 WEEK Days 12. UNDER 1 HOUR Hours 13. UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Fred Harvey Co.		11. BIRTHPLACE (State or foreign country) Collinsville, Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Carl W. Witte		13b. MOTHER'S MAIDEN NAME Ada A. Donner		14. NAME OF HUSBAND OR WIFE Frank J. Fitzler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank J. Fitzler 4353 Miami St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <i>Galunary Congestion; 2° + 3°</i> b. <i>of 40% of body, showed in an explosion & fire in Miriam's Tavern around 1150 pm Dec 22 1950. Said explosion being caused by leaking of natural gas through a broken main on Fairview Ave</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, not related to the disease or condition causing death. <i>approximately 14 feet from the building 3429 Morganpark Accident</i>				INTERVAL BETWEEN ONSET AND DEATH <i>burns</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec 23 1950 5:50 pm	
21e. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E. 916</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:55 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Patrick E. Taylor</i> (Degree or title) Cremator				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1. 12. 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (M.T.)		24b. DATE Jan. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) Collinsville, Ill.	
DATE REC'D BY LOCAL REG JAN 2 1951		REGISTRAR'S SIGNATURE <i>J. B. Foster</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed, William B White

Signed.....
Student Embalmer

Licensed Embalmer No. 4281

P. O. Address 4228 1/2 Kingshighway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.